

down unless there is a contraction or distension of the muscles, but rather because of the normal state of tension of the muscles which the altered fibres are no longer capable of resisting. Once the fibres break, their loose ends retract themselves, thus forming a nervous thickening around the ulceration. From the very beginning one is able to distinguish microscopically in the muscular fibres cavities which become filled with liquid in spite of the fact that the rest of the substance continues red as it approaches the interior of the sarcoloma. J. C.

PATHOLOGICAL.

Examination of the Blood in Myxœdema. Drs. Libreton and Vaquez (*La France Méd.*, January 18, 1895) presented a patient with congenital myxœdema, treated with thyroid. The diameter of the red globules before the treatment began was 3 M 13; afterwards it was 7 M 5. At the same time the appearance of nucleated red globules was observed, which disappeared under treatment. It would appear as though the persistence of the foetal state of the blood coincided with the tardy development of the body. Kraepelin observed the same modification of the blood two years ago. MACALESTER.

Scleroderma in Plaques. Dr. Hallopeau (*La France Méd.*, January 18, 1895) presented a case of *sclerodermie en bande*, limited to the area of the internal cutaneous brachial nerve. The disorder began as a spot in the middle of the forearm, and only after several months extended the whole length of the upper extremity. If, as is probable, the affection is a tropho-neurosis, the different fibres of the nerve were involved successively. The onset and course were marked by paræsthesia and lancinating pains. In the sclerosed parts there was a diminution of sensibility to touch and pain, which is generally not the case. MACALESTER.

The Influence of the Thyroid on the Amount of Oxyhæmoglobin in the Blood. Dr. Paul Masion (*Bull. de l'Acad. roy. de Méd. de Belgique*, iv. ser., vol. ix., No. 1) in an elaborate experimental *memoire*, comes to the following conclusions: 1. The relative amount of oxyhæmoglobin is diminished after thyroidectomy. 2. The chart of the diminution follows, markedly, the course of the injuries which follow thyroidectomy. 3. During the epileptiform seizures and nervous accesses there is a mixture of reddened hæmoglobin and oxyhæmoglobin. 4. The diminution of the oxyhæmoglobin does not result from the diminution of the relative number of red globules or from the inanition following the injuries. 5. The diminution is the direct result of the suppression of the functions of the thyroid. MACALESTER.

Pathological-Anatomical Findings on the Clivus in Insane Patients.—Dr. R. Schweter. (*Allegemeine Zeitschr. für Psychiatrie und Psychisch-gerichtliche Med.*).

The writer gives a short anatomical description of the clivus. In his researches he finds this structure to vary frequently with regard to its form and direction of surfaces. Especially to be noticed is the frequent and remarkable division of its surface into three parts. In addition, the abnormal line formations, such as ridges running obliquely across its surface, tuberos prominences, and osteophytes, both single and double in number are present. The author finds that it does not possess any distinct relation in regard to its form with the neighboring structures.

Of most importance, for examination, he considers the irregularities on the surface of the clivus, viz.: the echondroses, exostoses and osteophytes. The consistence of the same should not be forgotten.

In a careful examination of the skulls of 316 insane patients with reference to this particular part, he has noted his findings as follows:

One hundred and sixty-five were males; 151 were females. One

case, the history of which has been carefully recorded, showing symptoms referable to the delicate structures in the neighborhood of the clivus, there was shown at the autopsy to be present besides an endocarditic adhesion with the heart, atheromatous condition of the arteries, coronary and basilar, suppurating areas in various parts of the body, atrophic frontal lobes, an exostosis upon the clivus. This exostosis proved to be the upper portion of a strongly developed and high-reaching odontoid process of the axis, which undoubtedly became separated from it through the suppuration which was going on in its neighborhood.

He found this condition present only twice amongst his 316 cases.

Osteophytes were present 49 times. In the majority of cases they were single. In form, sharp and pointed.

In two females the second osteophyte, where they were double, was replaced by a rough bony ridge.

In one male and two females the bony ridge alone was present.

In a great number of cases he found tuberos bony prominences.

Noticeable tuberos elevations were frequently seen on the edges of the clivus in the neighborhood of the dorsum.

Often there was noticed a groove, which corresponded with the position of the basilar artery.

To be mentioned also was the diminished consistency and the interruption in the continuity of the surface of the clivus in a few of the cases.

With regard to the ætiology, there was no marked presence or scrofula, tuberculosis, or syphilis.

With regard to psychical disturbances, the majority were male paralytic cases.

The symptoms which might have been due to these abnormal bone formations on the clivus cannot be established as a fact. The space is a very narrow one, and although pressure in this region occasioned by such growths may compress the delicate nervous structures in the neighborhood (the medulla-vagus-hypoglossal-facial nerves and the blood and lymph channels), the latter bringing about nutritional changes, nevertheless, the author is inclined to believe that a sort of compensation in the arrangement of these parts may take place. That is, they alter their position in such a manner as to accommodate themselves to this space which has been encroached upon by these abnormal growths, and thus avoid compression. They may either be drawn higher up in the cranial cavity or pressed toward one side.

WIENER.

CLINICAL.

Treatment of Epilepsy, With Especial Reference to the Use of Opium.—Joseph Collins. (*Medical Record*, September 22, 1894).

About a year ago, Professor Flechsigs, of Leipzig, published a short article on a new method of treating epilepsy, which, in his hands, had given most gratifying results. It consists in administering opium in the shape of the extract or pill in large doses for a period of six weeks. The dose of opium in the beginning is from one-half to one grain, and this is gradually increased until the patient is taking about fifteen grains per day, in doses of from one to four grains. The maximum dose is reached by the end of the first week. At the end of six weeks the opium is stopped suddenly, and for it bromide of potassium or sodium, in doses of one-half drachm four times daily, is substituted. After these large doses of bromide have been kept up for some time, the dose is gradually decreased until the patient is taking less than two scruples per day. The sudden cessation of administering the opium and the exhibition of the bromide are quite essential.